



## UNITED STATES PATENT AND TRADEMARK OFFICE

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UNITED STATES PATENT AND TRADEMARK OFFICE  
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Bib Data Sheet

CONFIRMATION NO. 8051

SERIAL NUMBER 09/316,624	FILING DATE 05/21/1999  RULE	CLASS 514	GROUP ART UNIT 1631	ATTORNEY DOCKET NO. 4493-19CIP
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## APPLICANTS

SHALOM Z. HIRSCHMAN, RIVERDALE, NY; *LAC*

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 08/838,073 04/15/1997 ABN *LAC*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
\*\* 06/11/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPEI CLAIMS
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NY	7	4	2
Verified and Acknowledged	Examiner's Signature <i>Shalom</i>	Initials <i>LAC</i>		

## ADDRESS

MYRON COHEN ESQ  
COHEN PONTANI LIEBERMAN & PAVANE  
551 FIFTH AVENUE  
SUITE 1210  
NEW YORK, NY  
10176

## TITLE

METHOD FOR TREATING AUTOIMMUNE DISEASES

FILING FEE  RECEIVED 380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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BEST AVAILABLE COPY

SERIAL NUMBER 09/316,624	FILING DATE 05/21/99	CLASS 514	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. 4493-19CIP
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APPLICANT

SHALOM Z. HIRSCHMAN, RIVERDALE, NY.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A CIP OF 08/838,073 04/15/97 ABN

OKMKB

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

none

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/11/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 7	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 2
Verified and Acknowledged <u>MKB</u> Examiner's Initials _____ Initials _____					

ADDRESS

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TITLE

METHOD FOR TREATING AUTOIMMUNE DISEASES

FILING FEE RECEIVED  \$380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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